

Caution: DRAFT FORM

This is an advance proof copy of an IRS tax form. It is subject to change and OMB approval before it is officially released. You can check the scheduled release date on our web site (www.irs.gov).

If you have any comments on this draft form, you can submit them to us on our web site. Include the word DRAFT in your response. You may make comments anonymously, or you may include your name and e-mail address or phone number. We will be unable to respond to all comments due to the high volume we receive. However, we will carefully consider each suggestion. So that we can properly consider your comments, please send them to us within 30 days from the date the draft was posted.

Employer's Annual Federal Tax Return for Agricultural Employees

OMB No. 1545-0035

2004

▶ See the separate Instructions for Form 943 for information on completing this return.

Enter state code for state in which deposits were made **only** if different from state in address to the right, (see the separate instructions).

If you do not have to file returns in the future, check here ☐

Name (as distinguished from trade name)

Calendar year

Trade name, if any

Employer identification number (EIN)

Address (number and street)

City, state, and ZIP code

If address is different from prior return, check here. ☐

1	Number of agricultural employees employed in the pay period that includes March 12, 2004	1	
2	Total wages subject to social security tax (see separate instructions)	2	
3	Social security tax (multiply line 2 by 12.4% (.124))	3	
4	Total wages subject to Medicare tax (see separate instructions)	4	
5	Medicare tax (multiply line 4 by 2.9% (.029))	5	
6	Federal income tax withheld (see separate instructions)	6	
7	Total taxes before adjustments (add lines 3, 5, and 6)	7	
8	Adjustment to taxes (see separate instructions)	8	
9	Total taxes (line 7 as adjusted by line 8)	9	
10	Advance earned income credit (EIC) payments made to employees, if any (see separate instructions)	10	
11	Net taxes (subtract line 10 from line 9)	11	
12	Total deposits for 2004, including overpayment applied from 2003 return.	12	
13	Balance due (subtract line 12 from line 11). (see separate instructions)	13	
14	Overpayment. If line 12 is more than line 11, enter here ▶ \$ and check if to be: <input type="checkbox"/> Applied to next return or <input type="checkbox"/> Refunded.		

● **All filers:** If line 11 is less than \$2,500, do not complete line 15 or Form 943-A.● **Semiweekly schedule depositors:** Complete Form 943-A and check here ☐ ● **Monthly schedule depositors:** Complete line 15 and check here ☐

15 Monthly Summary of Federal Tax Liability. (Do not complete if you were a semiweekly schedule depositor.)					
Tax liability for month		Tax liability for month		Tax liability for month	
A January		F June		K November	
B February		G July		L December	
C March		H August		M Total liability for year (add lines A through L)	
D April		I September			
E May		J October			

Third-Party Designee	Do you want to allow another person to discuss this return with the IRS (see separate instructions)? <input type="checkbox"/> Yes. Complete the following. <input type="checkbox"/> No.		
	Designee's name ▶	Phone no. ▶ ()	Personal identification number (PIN) ▶
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.		
Sign Here	Signature ▶	Print Your Name and Title ▶	Date ▶

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

▼ DETACH HERE ▼

Cat. No. 11252K Form **943** (2004)**Payment Voucher****2004**

▶ Use this voucher when making a payment with your return.

Do not send cash and do not staple your payment to this voucher. Make your check or money order payable to the "United States Treasury." Be sure to enter your employer identification number (EIN), "Form 943," and "2004" on your payment.

1 Enter your employer identification number (EIN).	2 Enter the amount of your payment. ▶	Dollars	Cents
	3 Enter your business name (individual name for sole proprietors).		
	Enter your address.		
	Enter your city, state, and ZIP code.		